



# North American Versatile Hunting Dog Association



## AFFIDAVIT OF BREEDING USING FROZEN OR CHILLED SEMEN

To be completed by a licensed veterinarian and submitted to NAVHDA with appropriate fee of \$25.00 (US funds) per litter registered:

**NAVHDA**  
PO Box 620  
Arlington Heights IL 60006-0520  
(www.navhda.org)

I certify that on \_\_\_\_\_ I received frozen or chilled semen collected from  
*Date*

\_\_\_\_\_  
*Stud Dog's Registered Name* *FI / FS / CI / CS\**

The storage center or satellite facility was \_\_\_\_\_.

I certify that I inseminated

\_\_\_\_\_  
*Bitch's Registered Name* *Tattoo or Chip Number*

the female named above, with the semen described above, on the following dates:

\_\_\_\_\_

I certify the straws or vials were labeled \_\_\_\_\_.

I certify these straws or vials of semen were sealed when presented to me and none of the semen was used to inseminate any other female.

\_\_\_\_\_  
*Name: printed or typed* *Signature* *Date*

State Veterinarian license number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Complete and submit this form and indicate all that apply: FI (frozen insemination); FS (frozen surgical); CI (chilled insemination); CS (chilled surgical) after the stud dog's name.

To Pay by Credit Card:  
\_\_\_\_ MasterCard \_\_\_\_ VISA \_\_\_\_ Other \_\_\_\_\_ Credit Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ - \_\_\_\_\_